



The Navajo Nation
Office of the Controller
Accounts Payable Section
PO Box 1600 Window Rock, AZ 86515
(928) 871-6433

THE NAVAJO NATION
EXPENDITURE AUTHORIZATION SIGNATURE FORM
Fiscal Year 2015

Date

To: **Office of the Controller**

The following individuals are authorized to incur expenses, make charges and sign documents against business units:

NAME AND TITLE OF AUTHORIZED INDIVIDUAL	SAMPLE SIGNATURE	TYPE OF AUTHORITY (SEE CODES BELOW)	DOLLAR LIMIT (IF ANY)

TYPE OF AUTHORITY CODES:

- | | |
|--|--------------------------------------|
| 1. Approve purchase requisitions | 7. Approve Interdepartmental Charges |
| 2. Approve receiving reports | 8. Approve SSO |
| 3. Approve requests for direct payment | 9. Approve PAF |
| 4. Approve travel authorizations | 10. Other _____ |
| 5. Approve travel reimbursements | 11. Other _____ |
| 6. Approve travel advances | 12. Other _____ |

Special Instruction or Comments: _____

Your office will receive a new "Expenditure Authorized Signature Form" whenever 1) an individual listed is terminated or loses his/her authority;
2) additional individuals are granted authority; 3) changes are made to business units.

Approved by: _____
(Name Printed) (Title)

Concur: _____
(Name Printed) (Title)

Concur: _____
(Name Printed) (Title)